



DATE OF ISSUANCE: _____

PERMIT #: _____

SIGN PERMIT APPLICATION

JOB ADDRESS: _____ SUITE # _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

NAME OF BUSINESS: _____

PHONE NUMBER: _____

SIGN CONTRACTOR (company name): _____

(OR ELECTRICAL SIGN CONTRACTOR) STATE LICENSE REQUIRED FOR ELECTRICAL SIGN CONTRACTOR

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

TYPE OF SIGN:

☐ FREE STANDING ☐ WALL MOUNTED ☐ BANNER ☐ GRAND OPENING _____ thru _____
☐ OTHER _____

DESCRIPTION OF SIGN: _____

SIGN DIMENSIONS: _____ WALL DIMENSIONS: _____

ILLUMINATED? YES _____ NO _____ REFACE? YES _____ NO _____ ELEVATION: _____

****In accordance with STATE LAW & CITY ORDINANCE, illuminated signs must be constructed, installed and wired by a State Licensed Electrical Sign Contractor or a State Licensed Master Electrician. Signs may also be constructed by a fabricator approved by a Nationally Recognized Testing Agency and labeled accordingly****

VALUATION OF SIGN: _____

REQUIRED ATTACHMENTS:

1. A separate permit and 2 sets of drawings are required for each sign. For wall signs a separate permit application and plans may be submitted for each elevation.
2. Pole or ground signs require a site plan drawn to scale showing location of the sign. Show dimensions and distances to property lines. Pole sign structural drawings must be sealed by a State of Texas Registered Professional Engineer. Monument and Ground sign applications must include footing detail.
3. Detailed, dimensioned plans of sign showing graphics.
4. Dimensioned building elevation showing sign or signs on building. Show dimensions of height & width of tenant space and or building.
5. Plan Review Fee, 65% of the permit fee is required when permit application is submitted. Balance due upon approval.

If any other signs are on the property, give the number _____ and the types _____

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE SAID WORK WILL BE DONE IN CONFORMANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH THE CITY OF GRAPEVINE CODE REGULATING SIGN REQUIREMENTS.

PRINT NAME: _____ SIGNATURE: _____

PH #: _____ FAX#: _____ EMAIL: _____

☐ CHECK BOX IF PREFERRED TO BE CONTACTED BY E-MAIL

FOR OFFICE USE ONLY

FUNCTIONAL TYPE: _____ PERMIT FEE: _____

STRUCTURAL TYPE: _____ PLAN REVIEW FEE: _____

APPROVED BY: _____ DATE: _____ REMAINING FEE: _____